

Item 1 on:
FILE NO. G 132 MAY 15 1951 MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles Street, Baltimore

3680

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH

Charles

MARYLAND

CITY (If outside corporate limits, write RURAL and
OR give nearest town)

TOWN Ponemonkey

LENGTH OF STAY
(in this place)HOSPITAL OR
INSTITUTION OR
STREET ADDRESS3. NAME OF
DECEASED
(Type or Print)

Male

First: PoSCOE

(Middle) LAWRENCE

(Last) Aikens

4. DATE
OF
DEATH

(Month) 4 (Day) 15 (Year) 1951

5. SEX

Color

6. COLOR OR RACE

Male

7. SINGLE, MARRIED,
WIDOWED, DIVORCED
(Specify)

Single

8. DATE OF BIRTH

8/18/23

9. AGE last birthday

27

10. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

Soda Dispenser

10b. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Washington DC

12. CITIZEN OF WHAT
COUNTRY?

U.S.A.

13. FATHER'S NAME

John F. Aikens

14. MOTHER'S MAIDEN NAME

Pauline Aikens (Proctor)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

(If yes, give war or dates of
service)

16. SOCIAL SECURITY NO.

None

17. INFORMANT AND ADDRESS

Mrs. Pauline Aikens

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Compound fracture of skull

Antecedent cause(s)

(b) Auto accident

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(c) Auto accident

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No 21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

TIME (Month) (Day) (Year) (Hour)

OF INJURY

INJURY

4 15 51 50

OF INJURY

While at Work

While at Work

Not While Work

At work

How did injury occur?

At work

22. I hereby certify that I attended the deceased from

alive on

4-15-51

and that death occurred at

Medical Center

(Degree or title)

19th

ADDRESS

DATE SIGNED

T

E. Eddelen

4-15-51

La Plata Md

4-15-51

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

T

RECEIVED
MAY 9 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3681

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH- CITY (If outside corporate limits, write RURAL and give nearest town)	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- CITY (If outside corporate limits, write RURAL and give nearest town)	COUNTY
CHARLES RISON MD	CHARLES RISON MD	MD	CHARLES
HOSPITAL OR INSTITUTION OR STREET ADDRESS	LENGTH OF STAY (in this place)	STREET ADDRESS	(If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
Benjamin W.	Otis		Deloyer	Feb 19 1894	57	4	26
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under Months	1 year Days	If under 24 hrs. Hours
M	W.		Feb 19 1894	57	0	0	0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZENSHIP OF WHAT COUNTRY
Carpenter	none	RISON MD	MD

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John J. Deloyer	Clara B. Reed	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
151X	NO	Rebecca Deloyer

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		5 yrs.
Immediate cause	(a) Malnutrition	
Antecedent cause(s)	(b) Cancerous. Gastric	
151X 468	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	infant
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year)	(Hour)	INJURY	HOW DID INJURY OCCUR?		
OF INJURY	m.	While at Work <input type="checkbox"/>	Not While At work <input type="checkbox"/>		

22. I hereby certify that I attended the deceased from 4-9, 1951, to 4-26, 1951, that I last saw the deceased alive on 4-26, 1951, and that death occurred at 11:30 P.M., from the causes and on the date stated above.			
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)	(State)
	4-29-51	M. E.	RISON	MD
DATE REC'D BY LOCAL REG.	REG. 4/27/51	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		Julia H. Basye	Franklin & Ryan	510246

RECEIVED
APR 30 1951
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

3682

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH:

County

Charles

City or town

Indian Head

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

19 years

Hospital, institution, or street address where death occurred:

21 Murphy Avenue

How long in hospital or institution?

3. (a) FULL NAME

Joseph Harris Maddox Dorsett

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Charlotte Dorsett

7. Birth date of deceased (mo., day, yr.)

August 21, 1888.

6. (c) If alive, give age..... years

8. AGE:

Years
62

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Popes Creek, Md.

(Town, county and state)

10. Usual occupation

Retired Powder Factory Worker

11. Industry or business

USNPF

12. Name

James Alexander Dorsett

13. Birthplace

Chs. County, Md.

14. Maiden name

Frances C. Maddox

15. Birthplace

Alexandria, Va.

16. Informant

Mrs. Arthur Lee

Address

Indian Head, Md.

17. Burial

Date thereof.....

4-6-51
(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Duckham

Location

Islandsides MD

18. Funeral director

Hunt a Lynn

Address

Waldorf, Md.

19-5

1951

M. P. Davis

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Charles

City or town

Indian Head

(If outside city or town limits, write RURAL and give nearest town)

Street No.

21 Murphy Avenue

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 4 1951 at 7:25 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

19.

46

10

4/4 1951

and that I last saw him alive on

4/3

10

4/3 1951

Immediate cause of death

Chronic Myocarditis

8. DISEASE

Virus Pneumonia

9. DURATION

5 years

10. DISEASE

4/7/51

11. DISEASE

131st Chronic Myocarditis

3 yrs.

(Include pregnancy within 3 months of death)

12. Major findings of operations

Date of op.

13. Autopsy results

-

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank L. Dorsett

M. D. or other

Address

Indian Head, Md.

Date signed 4-4-51



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3695

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY Dorchester		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY			
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Golden Hill		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia			
HOSPITAL OR INSTITUTION OR STREET ADDRESS none		STREET ADDRESS unknown			
3. NAME OF DECEASED (Type or Print)	(First) THOMAS	(Middle) G.	(Last) ASHBRIDGE		
4. DATE OF DEATH	APRIL 20	(Month)	(Day)		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH		
Male	White	9/13/1881	9. AGE last birthday 69 yrs.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
Special Representative-Food Products	General	New Jersey	U.S.A.		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year of or unknown) (If yes, give war or dates of service)			
unknown	unknown	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS		
unknown	unknown	Golden Hill, Md.			
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
434.1	Immediate cause (a) CONGESTIVE-HEART FAILURE	INTERVAL BETWEEN ONSET AND DEATH 3 YEARS			
Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 13 FEB 1949, to 20 APRIL 1951, that I last saw the deceased alive on 19 APRIL 1951, and that death occurred at 5 A.m., from the causes and on the date stated above.					
SIGNATURE	(Degree or title)		ADDRESS	DATE SIGNED	
Halter E. Gandy Jr. M.D. Cambridge 2nd.					
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)	(State)	
Cremation	4/23/1951	McClurg Funeral Home	Philadelphia, Penna.		
DATE REC'D BY LOCAL REG.	REG.	REG.	24. FUNERAL DIRECTOR	ADDRESS	
April 28, 1951	John Mace, Jr. M.D.	LeCompte Funeral Service	300426		
Cambridge, Maryland					

RECEIVED
APR 30 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3696

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY Dorchester		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland				
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Cambridge		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Siloam				
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital		STREET ADDRESS None				
3. NAME OF DECEASED (Type or Print)	(First) Lizzie	(Middle) -	(Last) Bounds			
4. DATE OF DEATH April 23	(Month) 1951	(Day)	(Year)			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH May 3, 1862			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY housewife	9. AGE last birthday 88	If under 1 year Months 0	If under 24 hrs. Days 0	If under 24 hrs. Hours 0	If under 24 hrs. Min. 0
13. FATHER'S NAME Wesley Dove	11. BIRTHPLACE (State or foreign country) Allen, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. --	17. INFORMANT AND ADDRESS Eastern Shore State Hospital Records				
18. MEDICAL CERTIFICATION						
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						
Immediate cause	(a) General Arteriosclerosis 1946					
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis Several years					
93d	(c) Senile Psychosis 1948					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)	
INJURY						
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work <input type="checkbox"/>	Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?			
m.						
22. I hereby certify that I attended the deceased from May 16, 1950, to April 23, 1951, that I last saw the deceased alive on April 23, 1951, and that death occurred at 11:00 p.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED						
23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)	(State)		
DATE REC'D BY LOCAL REG. REG. Apr. 24, 1951	REGISTRAR'S SIGNATURE John Mace, J.M.S.	24. FUNERAL DIRECTOR	ADDRESS			
Walter R. Wellerly —						

RECEIVED
APR 25 1951
BUREAU W. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3697

Reg. Dist. No. 118

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Dorchester		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Hurlock - Rural		LENGTH OF STAY (in this place) 1 yr. 7 mos.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Year Elwood		3. NAME OF DECEASED (First) Elizabeth (Middle) a (Last) Brackett	
4. SEX Female	5. COLOR OR RACE Colored	6. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	7. DATE OF BIRTH August 7, 1866
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home	
13. FATHER'S NAME Henry F. Morris		11. BIRTHPLACE (State or foreign country) Montgomery County, Virginia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		12. CITIZEN OF WHAT COUNTRY? a.s.a.	
16. SOCIAL SECURITY NO. None		14. MOTHER'S MAIDEN NAME Sarah A. Hickman	
17. INFORMANT AND ADDRESS Dorothy E. Adams, Hurlock, Md. c.t.d.		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) <u>Obstruction</u> Antecedent cause(s) (b) <u>Sensitivity</u> Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c) <u>Chronic myocardial degeneration</u> 93d 722, 2 93d 6 weeks INTERVAL BETWEEN ONSET AND DEATH 1 yr + 1 yr +			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> Not While Work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>April 20</u> , 1951, to <u>April 25</u> , 1951, that I last saw the deceased alive on <u>April 20</u> , 1951, and that death occurred at <u>1:20 A.m.</u> from the causes and on the date stated above. SIGNATURE <u>W.C. Garrison MD</u> ADDRESS <u>Hurlock, Md.</u> DATE SIGNED <u>4/25/51</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>April 29, 1951</u> NAME OF CEMETERY OR CREMATORIAL <u>Woodlawn Cemetery</u> LOCATION (City, town, or county) <u>Washington, D.C.</u> (State)	
DATE REC'D BY LOCAL REG. <u>April 29, 1951</u>		REGISTRAR'S SIGNATURE <u>Chas. W. Hastings</u> 24. FUNERAL DIRECTOR ADDRESS <u>J. J. Frampton and Son, Federalsburg, Md.</u>	

RECEIVED
MAY 7 1951
BUREAU V. S.



RECEIVED
APR 30 1951
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3700

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH- COUNTY Dorchester MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Dorchester		
CITY (If outside corporate limits, write RURAL and OR give nearest town) Hurlock, LENGTH OF STAY (in this place)			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock, STREET ADDRESS (If rural, give location)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS					
3. NAME OF DECEASED (Type or Print)		(First) Nellie (Middle) Paul (Last) Coulbourne	4. DATE OF DEATH April 29th, 1957		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH June 25, 1888	9. AGE last birthday 62 yrs.	If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Maryland		
10b. KIND OF BUSINESS OR INDUSTRY House-work			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Samuel J. Craft			14. MOTHER'S MAIDEN NAME Margaret Harper.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
			17. INFORMANT AND ADDRESS Mrs Agnes Holly, E. New Market, Md.		
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
<p>174X Immediate cause (a) <i>Carcinomatosis - multiple</i> 48L Antecedent cause(s) (b) <i>Carcinoma of uterus</i> 48L Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)</p>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>April</i> , 1950, to <i>April 29</i> , 1957, that I last saw the deceased alive on <i>April 27</i> , 1957, and that death occurred at <i>3:50 P.M.</i> from the causes and on the date stated above. SIGNATURE <i>W. Harrison MD</i> ADDRESS <i>Hurlock, Md.</i> DATE SIGNED <i>4/30/57</i>					
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF May 2, 1957		NAME OF CEMETERY OR CREMATORIAL Washington Cemetery	
DATE REC'D BY LOCAL REC'D		REG. # May 2, 1957		LOCATION (City, town, or county) Hurlock, Md. (State)	
REGISTER'S SIGNATURE Charles Hastings				24. FUNERAL DIRECTOR ADDRESS S. S. Farnham & Son 720826 Federalsburg, Md.	

PL
MAY 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3701

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH CITY OR TOWN		2. USUAL RESIDENCE (HOME) OF DECEASED CITY (If outside corporate limits, write RURAL and give nearest town)	
Alboclester Maryland		Maryland Columbia	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		LENGTH OF STAY (in this place)	
Cambridge Md. Hospital		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
Loddsborough		Coursey Apr 5 1951	
5. SEX		6. COLOR OR RACE	
Male		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	
White		8. DATE OF BIRTH	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
Waterman & Farmer		Taylor's Land & C. Co.	
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
Charles Coursey		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
No		Matilda Woolford	
17. INFORMANT AND ADDRESS			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

(a)

Pneumonia

1 wk.

Antecedent cause(s)

(b)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(c)

arteriosclerotic heart disease

1 1/2 yrs.

93d

(d)

gangrene right foot

3 mos

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY		INJURY			
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at m.	HOW DID INJURY OCCUR? Not While Work <input type="checkbox"/> At work <input type="checkbox"/>

22. I hereby certify that I attended the deceased from 3-26-1947 to 4-25-1951, that I last saw the deceased alive on 4-25-1951, and that death occurred at 12:30 PM, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR Crematory	LOCATION (City, town, or county)	(State)
4-28-51	Cambridge	Columbia	Md.	

DATE REC'D BY LOCAL REG.	REG. NO.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 30, 1951	John Mace, J. M. D.	Levitt R. Horwitz	Cambridge	910126 Md.



3702

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY Dorchester		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Cambridge		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 423 Willis Street		STREET ADDRESS 423 Willis Street (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) Laura	(Middle) Lillian	(Last) Dickerson
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH 10/16/1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE last birthday 70 yrs.
13. FATHER'S NAME Not Known		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVEN IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	12. CITIZEN OF WHAT COUNTRY? U.S.A.
		17. INFORMANT AND ADDRESS Mrs. John Dickerson, Cambridge, Md.	18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Coronary occlusion

INTERVAL BETWEEN
ONSET AND DEATH

Instant
Several
years

420.1 Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(b)

Hypertensive cardio-vascular disease

93d (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
---	---	----------------	----------	---------

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?
--	--	-----------------------

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE

(Degree or title)

M.D.

ADDRESS

DATE SIGNED

4/9/51

Deputy Medical Examiner

Cambridge, Maryland.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF 4/11/1951	NAME OF CEMETERY OR CREMATORIAL Spring Hill Cemetery	LOCATION (City, town, or county) Girdle Tree, Maryland	(State)
--	------------------------	---	--	---------

DATE REC'D BY LOCAL REG. April 12, 1951	REGISTRAR'S SIGNATURE John Mace, M.D.	24. FUNERAL DIRECTOR LeCompte Funeral Service,	ADDRESS
--	---------------------------------------	--	---------

Cambridge, Maryland

RECEIVED
APR 12 1951
BUREAU Y. S.



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY		Dorchester MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE		Maryland COUNTY Dan	
CITY (If outside corporate limits, write RURAL and OR, give nearest town)		TOWN		CITY (If outside corporate limits, write RURAL and give nearest town)		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		827 Roslyn Lane		STREET ADDRESS		827 Roslyn Ln	
3. NAME OF DECEASED (Type or Print)		(First) Middle (Last)		4. DATE OF DEATH		(Month) (Day) (Year)	
Female		white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (S.M.W.D.)		Aug 3-1887 63 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH		9. AGE last birthday If under 1 year Months Days Hours Min.	
Housewife				Aug 3-1887		63 yrs.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? 45	
Wm. Thomas Sutton		Mary E. Burch		Chesterlawn Md			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS		18. MEDICAL CERTIFICATION	
						Carcinoma of Intestines and liver 18 mnts.	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		III. DATE OF OPERATION		IV. MAJOR FINDINGS OF OPERATION		V. ACCIDENT SUICIDE HOMICIDE		VI. PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY)		(STATE)		VI. TIME (Month) (Day) (Year) (Hour) OF INJURY		VII. INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		VIII. HOW DID INJURY OCCUR?		IX. AUTOPISY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
153X																									
Immediate cause		(a)																							
Antecedent cause(s)		(b)																							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(c)																							

22. I hereby certify that I attended the deceased from 4-9-1951, to 4-10-1951, that I last saw the deceased alive on 4-9-1951, and that death occurred at 10:30 A.M., from the causes and on the date stated above.		SIGNATURE (Degree or title)		ADDRESS		DATE SIGNED	
John B. Snader M.D.				912 St. Cambridge Md. 4-11-51			
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORIAL		LOCATION (City, town or county)	
Burial		Apr 12-1951		Chester Cemetery		Chesterlawn Md.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
April 12, 1951		John Mace, Jr., M.D.		Emmett P. Snader		Cambridge Md.	

RECEIVED
APR 12 1951
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3706

Reg. Dist. No. 110

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		2. USUAL RESIDENCE (HOME) OF DECEASED STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
Dorchester Dorchester Dorchester		Maryland Maryland Maryland	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		LENGTH OF STAY (in this place)	
80 yrs.		80 yrs.	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)
Male	James	Henry	Harper
4. DATE OF DEATH	(Month)	(Day)	(Year)
12/20/1951	4	10	1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Male	White	Married	12/20/1870
9. AGE last birthday yrs.	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
80	McGough & Co.	Maryland	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MOTHER'S NAME		
John T. Harper	Estherude Boskin		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
422.2		Mrs. James T. Harper (Wife)	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) Chronic Myocardial Degeneration 5 years			
Antecedent cause(s) (b) Probable Carcinoma of bowel.			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1949, to April 10, 1951, that I last saw the deceased alive on April 8, 1951, and that death occurred at 1:00 A.M. from the causes and on the date stated above. SIGNATURE W. Harrison MD ADDRESS Hurlock Md. DATE SIGNED 4/10/51			
23. BURIAL, CREMATION REMOVAL (Specify)	DATE TIME OF 1/12/1951	NAME OF CEMETERY OR CREMATORIUM Washington	LOCATION (City, town, or county) Dorchester, Dor. Md. (State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE Charles Hastings	24. FUNERAL DIRECTOR ADDRESS P. B. Wilfoughby Dorchester, Md. 49817	

RECEIVED
APR 16 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3707

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY Dorchester MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Dorchester		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Cambridge LENGTH OF STAY (in this place) 4 months			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge (Rural) STREET ADDRESS R.F.D. #1 (If rural, give location)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hospital					
3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) ELLEN	(Last) HURLEY	4. DATE OF DEATH	(Month) APRIL 30 (Year) 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months Days Hours yrs.
Female	White	4/17/1895	56		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress			10b. KIND OF BUSINESS OR INDUSTRY Clothing Manufacture	11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME James E. Gatton			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS James Hurley, Cambridge R.F.D. #L Md.	
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause (a) <u>menia</u>					
260X Antecedent cause(s) (b) <u>Nephritis</u>					
61 Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c) <u>Diabetes Mellitus</u>					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cirrhosis of the Liver</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office, etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2-10</u> , 1949, to <u>4-30</u> , 1951, that I last saw the deceased alive on <u>4-29</u> , 1951, and that death occurred at <u>3:30 P</u> . m., from the causes and on the date stated above.					
SIGNATURE		(Degree or title)		ADDRESS	
Eldridge H. Wolff MD		Circus		5-1-57	
DATE SIGNED					
23. BURIAL, CREMATION REMOVED (Specify) Burial		DATE THEREOF		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)	
5/2/1951		Dorchester Memorial Park-- Cambridge, Maryland			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS	
May 2, 1951		John Mac. J. M. D.		LeCompte Funeral Service, Cambridge, Maryland	



FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
FBI - WASH. D. C.
MAY 3 1951

RECEIVED
APR 12 1951
FBI - BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3709

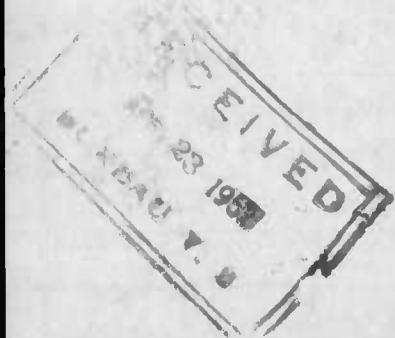
Reg. Dist. No. 116

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY Dorchester		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Rural Cambridge		LENGTH OF STAY (in this place) 30 years	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital		3. DATE OF DECEASED (First) EARL (Middle) E. (Last) KEILHOLTZ	
4. SEX male		5. COLOR OR RACE white	
6. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		7. LENGTH OF STAY (in this place) 30 years	
8. DATE OF BIRTH 3/27/72		9. AGE last birthday 79 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm laborer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Charles Keilholtz		14. MOTHER'S MAIDEN NAME Harriet Harris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. none	
17. INFORMANT AND ADDRESS Eastern Shore State Hospital Records		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) Cardiac Failure			
450.1 Antecedent cause(s) (b) General Arteriosclerosis, Gangrene, left foot 97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, with superimposed Psychosis with Cerebral Arteriosclerosis			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
m.		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 4, 1950, to April 20, 1951, that I last saw the deceased alive on April 20, 1951, and that death occurred at 11 a.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED John Mace, Jr., M.D. 4/20/51			
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 4-23-51	
NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) Hopewell Cemetery Port Deposit, MD		(State)	
DATE REC'D BY LOCAL REG. April 20, 1951		REGISTRAR'S SIGNATURE John Mace, Jr., M.D.	
24. FUNERAL DIRECTOR Lee G. Patterson, Son, Perryville, MD		ADDRESS 0820105	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3710

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH COUNTY Dorchester			2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND		
CITY (If outside corporate limits, write RURAL and OR give nearest town) Williamsburg, Md			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsburg, Md		
LENGTH OF STAY (in this place) R.F.D.			STREET ADDRESS Rural 1/4 mile on Preston Road		
HOSPITAL OR INSTITUTION OR STREET ADDRESS					
3. NAME OF DECEASED (Type or Print) DANIEL		(First) THOMAS		(Middle) KENNEDY	
4. SEX MALE		6. COLOR OR RACE WHITE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	
8. DATE OF BIRTH SEPT. 14 1877		9. AGE last birthday 73		10. DATE OF DEATH APRIL 30	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (State or foreign country) MARYLAND	
13. FATHER'S NAME GEORGE W. KENNEDY		14. MOTHER'S MAIDEN NAME MARY EVANS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. —		17. INFORMANT AND ADDRESS MRS EVA KENNEDY, WILLIAMSBURG, MD	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
<p>Immediate cause (a) Congestive Heart Failure</p> <p>Antecedent cause(s) (b) Hypertensive cardiovascular disease</p> <p>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Arterosclerosis</p>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None							
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. ACCIDENT SUICIDE HOMICIDE None		PLACE (Home, farm, factory, street, office bldg., etc.) —		(CITY OR TOWN) —		(COUNTY) —	(STATE) —
TIME (Month) (Day) (Year) (Hour) OF INJURY —		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR? ADDRESS			
22. I hereby certify that I attended the deceased from 30 Jan , 19 50 , to 3 April , 19 51 , that I last saw the deceased alive on 24 March , 19 51 , and that death occurred at 6:00 A.M. , from the causes and on the date stated above. SIGNATURE John Rawlin (Degree or title) M.D. ADDRESS Federalsburg, Md DATE SIGNED 1 May 51							
23. BURIAL, CREMATION REMOVAL (Specify) BURIAL		DATE THEREOF MAY 2 1951		NAME OF CEMETERY OR CREMATORIUM WASHINGTON CEMETERY		LOCATION (City, town, or county) HUBBOK, MD	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE May 2-1951		24. FUNERAL DIRECTOR J. S. STRAMPTON, SON		ADDRESS 100105		ADDRESS FEDERALSBURG, MD.	

RECEIVED
MAY 7 1951
BUREAU, U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3711

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH COUNTY <i>Dorchester</i>			2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Maryland</i>		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Secretary - Room</i>			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Secretary - Room</i>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS <i>(If rural, give location)</i>		
3. NAME OF DECEASED (Type or Print)	(First) <i>Elizabeth</i>	(Middle) <i>-</i>	(Last) <i>Koski</i>	4. DATE OF DEATH	(Month) <i>8</i> (Day) <i>1</i> (Year) <i>1951</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <i>12/25/1867</i>	9. AGE last birthday yrs. <i>83</i>	If under 1 year Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Secretary</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>Poland</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>John Michalek</i>			14. MOTHER'S MAIDEN NAME <i>Mary Michalek</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS <i>Mrs. Koski, Secretary Ad.</i>	
18. MEDICAL CERTIFICATION					

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause <i>332X</i>	(a) <i>Cerebral Thrombosis</i>	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>83X</i>	(b) <i>Generalized arteriosclerosis</i>	15 yrs.
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>Hyperchromic Macrocytic Anemia</i>	15 yrs
---	--	---------------------------------------	--------

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While Work <input type="checkbox"/> m. At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *6/1/1940* to *4/21/1951* that I last saw the deceased
alive on *4/21/1951*, and that death occurred at *10:20 P.m.* from the causes and on the date stated above.
SIGNATURE *Sue Summers* ADDRESS *1000 Peachtree Street, N.W., Atlanta, Ga.* DATE SIGNED *4/21/51*

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF <i>4/15/1951</i>	NAME OF CEMETERY OR CREMATORIAL <i>Cemetery and Casket Secretary, Ad., Md.</i>	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <i>Elizabeth C. Smith</i>	24. FUNERAL DIRECTOR <i>C. P. J. Pittsburgh</i>	ADDRESS <i>2600 Block, 26th Street, Pittsburgh, Pa.</i>

RECEIVED
APR 12 1931
BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3712

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY <u>Dorchester</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>New York</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Brooklyn</u>	
LENGTH OF STAY (in this place) <u>1 year</u>		STREET ADDRESS <u>37-7 4th St</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Appleby Convalescing Home</u>		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Emma</u>	(Middle) <u>Haynie</u>	(Last) <u>lewis</u>
4. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	4. DATE OF DEATH <u>4/ 3 1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	8. DATE OF BIRTH <u>6/20/1868</u>	9. AGE last birthday <u>82</u> yrs.
13. FATHER'S NAME <u>Edwin Haynie</u>	11. BIRTHPLACE (State or foreign country) <u>Northumberland Co., Virginia</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	14. MOTHER'S MAIDEN NAME <u>Margaret Berry</u>	
17. INFORMANT AND ADDRESS <u>Wm R. Lewis, 37-7 4th St, Brooklyn, N.Y.</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause <u>CEREBRAL ARTERIOSCLEROSIS</u> INTERVAL BETWEEN 334X Antecedent cause(s) <u>5 YEARS</u> Diseases or conditions, if any, giving rise to the above cause 97 stating the underlying cause last (a) (b) (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) <u>Cambridge</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u>4 APRIL 51</u>
22. I hereby certify that I attended the deceased from <u>10 Dec 1950</u> , to <u>3 APRIL 1951</u> , that I last saw the deceased alive on <u>3 APRIL 1951</u> , and that death occurred at <u>5:40 P.M.</u> , from the causes and on the date stated above. SIGNATURE <u>Walter E. Gunby Jr. M.D.</u> (Degree or title) <u>ADDRESS</u> <u>Cambridge 3rd</u> DATE SIGNED <u>4 APRIL 51</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>4/6/51</u>	NAME OF CEMETERY OR CREMATORIAL <u>Hudson Park</u>	LOCATION (City, town, or county) <u>Baltimore, Md.</u> (State)
DATE REC'D BY LOCAL REG. <u>4/6/51</u>	REGISTRAR'S SIGNATURE <u>John F. Denny, Jr., M.D.</u>	24. FUNERAL DIRECTOR ADDRESS <u>The Complete Funeral Service, Cambridge, Md.</u>	
for John F. Denny, Baltimore, Md.			



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3714

Reg. Dist. No. 110

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY Dorchester		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Dorchester	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galestown (Rural)		STREET ADDRESS Near Woodland, Delaware	
TOWN Galestown (Rural)		Life		TOWN Galestown (Rural)		(If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Near Woodland, Del. Seaford RFD#3		STREET ADDRESS Near Woodland, Delaware			
3. NAME OF DECEASED (Type or Print)	(First) BERTHA	(Middle) ADELE	(Last) MASSEY	4. DATE OF DEATH April 14 1951	(Month)	(Day)	(Year)
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH May 17, 1878	9. AGE last birthday 72	If under 1 year Months	If under 24 hrs. Days	If under 24 hrs. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Woodland, Delaware	12. CITIZEN OF WHAT COUNTRY USA			
13. FATHER'S NAME Elisha Morris		14. MOTHER'S MAIDEN NAME Mary Cannon					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Mary Kinnikin, Mardela Springs, Maryland				
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause 420.0		Cerebral Hemorrhage					
Antecedent cause(s) 93d		Hypertensive Atherosclerotic heart disease					
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		6 yrs.					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 17, 1951, to April 14, 1951, that I last saw the deceased alive on April 14, 1951, and that death occurred at 4:20 P.M., from the causes and on the date stated above.							
SIGNATURE		(Degree or title)		ADDRESS		DATE SIGNED 4/16/51	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE April 18, 1951		NAME OF CEMETERY OR CREMATORIAL Fellows Cemetery		LOCATION (City, town, or county) (State) Seaford, Delaware	
DATE REC'D. BY LOCAL RECEIVED April 18, 1951		REGISTRAR'S SIGNATURE Chas W Hastings		24. FUNERAL DIRECTOR Meaford S. Watson		ADDRESS Seaford, Delaware	

RECEIVED

APR 24 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

3713

Reg. Dist. No. 116

1. PLACE OF DEATH. COUNTY		Dorchester		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE		Maryland		COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		Wingate		LENGTH OF STAY 32 in yrs. place)		CITY (If outside corporate limits, write RURAL and give nearest town)		Wingate		Dorchester	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		(none)		STREET ADDRESS (none)		(If rural, give location)					
3. NAME OF DECEASED (Type or Print)		(First) EBEN EDWIN MC GLAUGHLIN (Middle)		(Last)		4. DATE OF DEATH		(Month) April 2,		(Day) (Year) 1951	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE last birthday		If under 1 year Months Days Hours Min.	
Male		White		10. KIND OF BUSINESS OR FISHERMAN		10/14/1895		55 yrs.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if related)		10b. INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? USA					
Fisher		Industry		Maryland							
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME									
William McGlaughlin		Louise Murphy									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS		18. MEDICAL CERTIFICATION					
Yes		none		Mrs. Ira Lewis McGlaughlin		Wingate, Maryland					

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

INTERVAL BETWEEN
ONSET AND DEATH

Instant

420.1 Antecedent cause(s)

Diseases or conditions, if any, (b) giving rise to the above cause
stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

20. AUTOPSY?

Yes No

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY)		(STATE)	
---	--	---	--	----------------	--	----------	--	---------	--

TIME (Month) (Day) (Year)	(Hour)	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?					
OF INJURY	m.							

22. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes accident suicide homicide undetermined .

SIGNATURE

(Degree of title) ADDRESS

DATE SIGNED

John Mace Jr., M. D., Deputy Medical Examiner, Cambridge, Md. 4-3-51

23. BURIAL, CREMATION (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORIUM		LOCATION (City, town, or county)		(State)	
------------------------------------	--	--------------	--	---------------------------------	--	----------------------------------	--	---------	--

Burial		4-5-1951		Dorchester Memorial Park, Cambridge, Maryland					
--------	--	----------	--	---	--	--	--	--	--

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		REG.		24. FUNERAL DIRECTOR		ADDRESS	
---	--	------	--	----------------------	--	---------	--

4/3/51 John mace, Jr., M. D.				LeCompte Funeral Service			
------------------------------	--	--	--	--------------------------	--	--	--

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

3715

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY Dorchester		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Cambridge		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 203 Byrn Street		STREET ADDRESS (If rural, give location) 203 Byrn Street	
3. NAME OF DECEASED (Type or Print)	(First) JAMES	(Middle) Clinton	(Last) MOWBRAY
4. DATE OF DEATH APRIL 3 1951	(Month)	(Day)	(Year)
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/23/1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General Construction	9. AGE last birthday 61 yrs.
13. FATHER'S NAME Albert Mowbray		14. MOTHER'S MAIDEN NAME Emma Burton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Mrs. George Airey, Cambridge, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

(a) coronary occlusion

8 min.

1120.1
94a

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b) coronary sclerosis

?

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No 21. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING CAUSE OF DEATH.PLACE (Home, farm, factory, street,
OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF INJURYINJURY OCCURRED
While at work Not while work at work

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes accident suicide homicide undetermined .

SIGNATURE

(Degree or title) ADDRESS

DATE SIGNED

Eldridge H. Depp, M.D. Examiner Cambridge, Md.

4-5-61

23. BURIAL, CREMATION
REMOVAL (Specify) Burial

DATE THEREOF 4/6/1951

NAME OF CEMETERY OR CREMATORIAL

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG. 4/6/51

REGISTRAR'S SIGNATURE John Mace, Jr., M.D.

24. FUNERAL DIRECTOR

LeCompte Funeral Service, 970246

ADDRESS

Cambridge, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3716

Reg. Dist. No. 1.6

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Dorchester MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Dorchester			
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN Taylor's Island Life				CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taylor's Island			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)	(First) Ernest	(Middle) A.	(Last) Mundy	4. DATE OF DEATH April 11 1951	(Month)	(Day)	(Year)
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced	8. DATE OF BIRTH Dec. 25, 1891	9. AGE last birthday 59	If under 1 year Months	If under 24 hrs. Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer				10b. KIND OF BUSINESS OR INDUSTRY Farm			
11. BIRTHPLACE (State or foreign country) Dorchester County, Maryland				12. CITIZEN OF WHAT COUNTRY U.S.A.			
13. FATHER'S NAME William A. Mundy				14. MOTHER'S MAIDEN NAME Caroline L. Moore			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None			
17. INFORMANT AND ADDRESS Florence M. Parker, Vienna, Maryland				18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Myocardial Failure 3 days Antecedent cause(s) (b) Myocarditis acute 3 days Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Essential hypertension ? 131a stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (d) Chr. Nephritis with edema ? 4/13X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		INTERVAL BETWEEN ONSET AND DEATH			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR? 6 P. m., from the causes and on the date stated above.			
22. I hereby certify that I attended the deceased from 10/16, 1950, to 4/11, 1951, that I last saw the deceased alive on 4/11, 1951, and that death occurred at 6 P. m., from the causes and on the date stated above. SIGNATURE: <i>S. B. Blanks</i> (Degree or title) ADDRESS DATE SIGNED M.D. Cambridge, Maryland April 13, 1951							
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF April 15, 1951		NAME OF CEMETERY OR CREMATORIAL Lane Methodist Cemetery		LOCATION (City, town, or county) Taylor's Island, Md. (State)	
DATE REC'D BY LOCAL REG. April 18, 1951		REGISTRAR'S SIGNATURE John Mace, Jr., M.D.		24. FUNERAL DIRECTOR and J. J. Frampton		ADDRESS Son, Federalsburg, Md	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

820105

RECEIVED
APR 19
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3717

Reg. Dist. No. 116

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY		Dorchester MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE		Maryland COUNTY dor	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		STREET (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Cambridge <i>entire life</i>		Cambridge		29 High Street	
3. NAME OF DECEASED (Type or Print)		(First) Anita	(Middle) Henry	(Last) Drew	4. DATE OF DEATH		(Month) April (Day) 9 (Year) 1951
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1-8-1879	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		9. AGE last birthday 72 yrs.	
Housewife		Business		Cambridge		If under 1 year Months Days Hours Min.	
13. FATHER'S NAME Robert S. Henry		14. MOTHER'S MAIDEN NAME Alice Mace		12. CITIZEN OF WHAT COUNTRY? US			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 443-2-1234		17. INFORMANT AND ADDRESS Harry C. Drew - Cambridge			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset and Death	
Immediate cause 443X		Acute Myocardial Dilation 7 hours	
Antecedent cause(s) 43d		Chronic Myocarditis 4 years	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		Hypertension (essential)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
--	--	------------------------	--	----------------------------------	--	--------------	--

21. ACCIDENT SUICIDE HOMICIDE		(Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY)		(STATE)	
INJURY		TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED While at Work <input type="checkbox"/> Not While Work <input type="checkbox"/>		HOW DID INJURY OCCUR?					
INJURY		m.		At work <input type="checkbox"/>							

22. I hereby certify that I attended the deceased from 6/10, 1950, to 4/9, 1951, that I last saw the deceased alive on 4/9, 1951, and that death occurred at 145A m., from the causes and on the date stated above.

SIGNATURE *W. J. Banks M.D.*ADDRESS *Cambridge*DATE SIGNED *4/9/51*

23. BURIAL CREMATION REMOVAL (Specify)		DATE <u>April 10, 1951</u>		NAME OF CEMETERY OR Crematory <i>Christ Church Cemetery</i>		LOCATION (City, town, or county) <i>Cambridge</i>		(State) <i>MD</i>	
DATE REC'D BY LOCAL REG.		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>	
REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</u>		REG. <u>April 12, 1951</</u>	

RECEIVED
APR 12 1951
BUREAU U. S.

RECEIVED
APR 27 1958
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3719

Reg. Dist. No. 116

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY <i>Dorchester</i>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <i>MARYLAND</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <i>Cambridge</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Vienna</i>	
LENGTH OF STAY (in this place)		STREET ADDRESS	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Cambridge Md Hospital</i>		(If rural, give location)	
3. NAME OF DECEASED (Type or Print) <i>Ada</i>	(First) <i>Ada</i>	(Middle) <i>Agnes</i>	(Last) <i>Pinkett</i>
4. DATE OF DEATH <i>Apr. 16</i>	(Month) <i>Apr.</i>	(Day) <i>16</i>	(Year) <i>1951</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 11, 1897</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Food Factory</i>	9. AGE last birthday <i>53 yrs.</i>	11. BIRTHPLACE (State or foreign country) <i>Dorchester Co. Md</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	13. MOTHER'S MAIDEN NAME <i>Sarah Farrare</i>	14. MOTHER'S MAIDEN NAME <i>Sarah Farrare</i>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>
16. SOCIAL SECURITY NO. <i>219-07-3814</i>	17. INFORMANT AND ADDRESS <i>Mary Cephas, Cambridge, Md</i>	18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) *Uremia*

442X

Antecedent cause(s)

Hypertension

131a

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(b)

*Cardio renal Vascul. Disease*INTERVAL BETWEEN
ONSET AND DEATH*5 yrs.*

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY	(Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
(Day) (Year)	(Hour)	INJURY OCCURRED While at Work <input type="checkbox"/>	Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
m.				

22. I hereby certify that I attended the deceased from *12-11*, 19*45*, to *4-16-*, 19*51*, that I last saw the deceasedalive on *4-16-*, 19*51*, and that death occurred at *11:25 a.m.*, from the causes and on the date stated above.SIGNATURE *John D. Bunker* (Degree or title) *M.D.* ADDRESS *9 Race St., Cambridge, Md.* DATE SIGNED *4-17-51*

23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>Apr 19 1951</i>	NAME OF CEMETERY OR CREMATORIAL <i>Vienna Cemetery</i>	LOCATION (City, town, or county) <i>Vienna, Maryland</i>	(State)
DATE REC'D BY LOCAL REG. <i>April 18, 1951</i>	REGISTRAR'S SIGNATURE <i>John Mace, Jr. M.D.</i>	24. FUNERAL DIRECTOR <i>Herbert M. St. Clair, Jr.</i>	ADDRESS <i>Cambridge, Md</i>	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3720

Reg. Dist. No. 116

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Dorchester			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Cambridge			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 313 Washington Street			STREET ADDRESS 313 Washington Street		
3. NAME OF DECEASED (Type or Print) JOHN		(First) (Middle) HENRY		(Last) RIGGINS	
4. DATE OF DEATH APRIL 19 1951	(Month) APRIL	(Day) 19	(Year) 1951		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 4/3/1883	9. AGE last birthday 68 yrs.	If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman			10b. KIND OF BUSINESS OR INDUSTRY Marine Freighting	11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY U.S.A.					
13. FATHER'S NAME Scott Riggins			14. MOTHER'S MAIDEN NAME Jane Shenton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown			16. SOCIAL SECURITY NO. 218-12-1055	17. INFORMANT AND ADDRESS Mrs. Nettie C. Riggins, Cambridge, Md	
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
<p>601.0 Immediate cause (a) <i>Uremia</i> 598 Antecedent cause(s) (b) <i>Pyelo-nephritis and cystitis</i> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <i>Osteoarthritis of lumbar spine</i></p>					
INTERVAL BETWEEN ONSET AND DEATH 3 days 8 months					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR? ADDRESS	
22. I hereby certify that I attended the deceased from <u>2/20/1951</u> to <u>4/18/1951</u> , that I last saw the deceased alive on <u>4/17/1951</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above. SIGNATURE <u>John Bunker, M.D.</u> (Degree or title) <u>9 Race St. Cambridge, Md.</u> DATE SIGNED <u>4-21-51</u>					
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 4/21/1951		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) Dorchester Memorial Park- Cambridge, Maryland	
DATE REC'D BY LOCAL REG. <u>Apr. 24, 1951</u>		REGISTRAR'S SIGNATURE <u>John Mace, Jr. M.D.</u>		24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service, <u>67356</u> Cambridge, Maryland	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 26 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3721

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY Dorchester			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN Cambridge (Rural)			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge (Rural)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. #1			STREET ADDRESS R.F.D. #1		
3. NAME OF DECEASED (Type or Print)	(First) THOMAS	(Middle) W	(Last) SIMMONS	4. DATE OF DEATH APRIL 22	(Month) (Day) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH 8/17/1867	9. AGE last birthday 83 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer			10b. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME Josias S. Simmons			11. BIRTHPLACE (State or foreign country) Maryland		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown			12. CITIZEN OF WHAT COUNTRY U.S.A.		
16. SOCIAL SECURITY NO. unknown			14. MOTHER'S MAIDEN NAME Leah C. Beckwith		
17. INFORMANT AND ADDRESS Daily Banner- Cambridge, Maryland			18. MEDICAL CERTIFICATION <i>Chronic Myocardial Insufficiency, Type (2nd)</i>		

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

*Chronic Myocardial Insufficiency, Type
(2nd)*

422.2 Antecedent cause(s)

Diseases or conditions, if any, (b)
giving rise to the above cause
stating the underlying cause (last)

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month)	(Day)	(Year)	INJURY OCCURRED White at m.	HOW DID INJURY OCCUR? Not White Work <input type="checkbox"/> At work <input type="checkbox"/>	

22. I hereby certify that I attended the deceased from *Sept.*, 19*51*, to *Apr.*, 19*51*, that I last saw the deceased
alive on *Oct. 19*, 19*51*, and that death occurred at *Cambridge*, from the causes and on the date stated above.
SIGNATURE *John F. Dooley* ADDRESS *4-24-51* DATE SIGNED *1951*

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 4/24/1951	NAME OF CEMETERY OR CREMATORIAL Christ Church Cemetery	LOCATION (City, town, or county) Cambridge, Maryland
DATE REC'D BY LOCAL REG. <i>April 26, 1951</i>	REGISTRAR'S SIGNATURE <i>John Mace, J. M. M.</i>	24. FUNERAL DIRECTOR LeCompte Funeral Service, 055877	ADDRESS Cambridge, Maryland

RECEIVED

APR 27 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3722

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH. COUNTY Dorchester		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Cambridge		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 Hayward Street		STREET ADDRESS 104 Hayward Street (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) MELVINA	(Middle) J.	(Last) SMITH
4. DATE OF DEATH APRIL 15 1951	5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 7/12/1873	9. AGE last birthday 77 yrs.	10. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME Edward Willey	14. MOTHER'S MAIDEN NAME Lucy Meredith	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS 1501 Bolton St., Mrs. John Turner, Baltimore, Md.	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 332X Immediate cause (a) CEREBRAL THROMBOSIS Antecedent cause(s) 538 Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last 538 (c)			INTERVAL BETWEEN ONSET AND DEATH 3 WEEKS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg, etc.) INJURY	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	(STATE)
22. I hereby certify that I attended the deceased from 25 SEPT 1949, to 15 APRIL 1951, that I last saw the deceased alive on 1 APRIL 1951, and that death occurred at 5:13 P.m., from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED Walter E. Gandy, Jr. M.D. Cambridge 4-19-51 3rd.			
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 4/17/1951	NAME OF CEMETERY OR CREMATORIAL Cambridge Cemetery	LOCATION (City, town, or county) Cambridge, Maryland
DATE REC'D BY LOCAL REG. April 20, 1951	REGISTRAR'S SIGNATURE John Mace, Jr., M.D.	24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland	

Marian Richardson



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3723

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH. COUNTY Dorchester MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Dorchester		
CITY (If outside corporate limits, write RURAL and OR give nearest town) Cambridge LENGTH OF STAY (in this place)			CITY (If outside corporate limits, write RURAL and give nearest town) OR Cambridge		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge-Maryland Hospital			STREET ADDRESS Lincoln Terrace (If rural, give location)		
3. NAME OF DECEASED (Type or Print)	(First) Stephen	(Middle) Smith	(Last)	4. DATE OF DEATH April 14, 1951	(Month) (Day) (Year)
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) UNKNOWN	8. DATE OF BIRTH Unknown	9. AGE last birthday about 55	If under 1 year Months Days Hours yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner of Confectionery Store			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) unknown	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME unknown			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown			16. SOCIAL SECURITY NO. unknown	17. INFORMANT AND ADDRESS	
18. MEDICAL CERTIFICATION					

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause (a) Uremia

3 days

177X Antecedent cause(s) (b) Carcinoma prostate gland

?

51b Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY		TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
m.					

22. I hereby certify that I attended the deceased from 4-7, 1951, to 4-14, 1951, that I last saw the deceased

alive on 4-14, 1951, and that death occurred at 9 A.m., from the causes and on the date stated above.

SIGNATURE *John Mace, Jr.* (Degree or title) ADDRESS

DATE SIGNED

John Mace, Jr., M. D., Cambridge, Maryland

April 17, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF 4-18-51	NAME OF CEMETERY OR CREMATORIUM Waugh Cemetery	LOCATION (City, town, or county) Cambridge, Maryland	(State)
DATE REC'D BY LOCAL REG. April 18, 1951	REGISTRAR'S SIGNATURE <i>John Mace, Jr., M.D.</i>	24. FUNERAL DIRECTOR Herbert M. St. Clair, Jr. Cambridge, Maryland		

RECEIVED
MAY 19 1951
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3724

Reg. Dist. No. 116

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Dorchester			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Taylors Island			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taylors Island		
HOSPITAL OR INSTITUTION OR STREET ADDRESS (none)			STREET ADDRESS (none)		
3. NAME OF DECEASED (Type or Print) (First) LULA (Middle) KEENE (Last) SPILMAN			4. DATE OF DEATH APRIL 11 1951		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED (Specify) Widowed	8. DATE OF BIRTH 3/25/1875	9. AGE last birthday 75 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Thomas H. Keene			14. MOTHER'S MAIDEN NAME Eliza Emory Travers		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. none		
17. INFORMANT AND ADDRESS Earl R. Keene, Golden Hill, Md.			18. MEDICAL CERTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
<p>584 X Immediate cause (a) Impacted Gall Stones 2 weeks</p> <p>126 Antecedent cause(s) (b) Cholecystitis 15 yrs</p> <p>126 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Senility</p>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
none				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work m. Not While At work		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 9, 1951, to April 11, 1951, that I last saw the deceased alive on April 10, 1951, and that death occurred at 9:30 a.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED James W. Meade M.D. Fishing Creek, Md April 12/51					
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 4/14/1951		NAME OF CEMETERY OR CREMATORIAL Episcopat Church Cemetery, Taylors Island	
DATE REC'D BY LOCAL REG. April 16, 1951		REGISTRAR'S SIGNATURE John Meade, J. M. D.		LOCATION (City, town, or county) (State) ADDRESS	
24. FUNERAL DIRECTOR LeCompte Funeral Service,					
Cambridge, Maryland					

MARGIN RESERVED FOR BINDING

VS. A12 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 18 1951
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

3725

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY		Dorchester MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE		Maryland Dorchester	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		Cambridge LENGTH OF STAY 1 yr (this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		Cambridge	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		206 Washington Street		STREET ADDRESS		206 Washington Street (If rural, give location)	
3. NAME OF DECEASED (Type or Print)		(First) JAMES GOLDSBOROUGH WHEATLEY (Middle) (Last)		4. DATE OF DEATH		(Month) (Day) (Year)	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED OR DIVORCED, (Specify)		8. DATE OF BIRTH	
Male		Negro		12-5-1947		9. AGE last birthday	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? USA	
Inflant				Cambridge, Maryland			
13. FATHER'S NAME		James Wheatley		14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown)		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS	
No						Issac Wilson, 225 Pine Street	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Cambridge, Maryland

INTERVAL BETWEEN
ONSET AND DEATH

822.5 Immediate cause

(a) Intra abdominal hemorrhage

6 hrs.

Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause

stating the underlying cause last

(b) Rupture of spleen.

5 hrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. EXTERNAL CAUSE WAS PRIMAR XX OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
		INJURY Highway		Nr. Cambridge		Dor. Md.	
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED	HOW DID INJURY OCCUR?		
OF INJURY	4	7	51	11	While at work <input type="checkbox"/>	Not while work <input type="checkbox"/>	at work <input checked="" type="checkbox"/>
Auto overturned.							

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

John Mace, Jr., M. D., Deputy Medical Examiner, Cambridge, Md. 4-12-51

23. BURIAL, CREMATION (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORIAL		LOCATION (City, town, or county) (State)	
Burial		4-11-51		Cordtown Cemetery		Cambridge, Maryland	

DATE REC'D BY LOCAL REG.		REG.		REG.		REG.	
April 12, 1951		John Mace, Jr., M. D.		Lewis H. Bayneum, Cambridge, Md.		Lewis H. Bayneum, Cambridge, Md.	

RECEIVE

APR 12 1957

LIBRARY

3726

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY		Dorchester		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE		Maryland		COUNTY		Dorchester			
CITY (If outside corporate limits, write RURAL and OR give nearest town)		Cambridge		LENGTH OF STAY 2 WKS.		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		Cambridge		STREET ADDRESS		9 Fairmount Ave.			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Fairmpunt Ave.													
3. NAME OF DECEASED (Type or Print)		(First) JOHN		(Middle) WHITE		(Last)		4. DATE OF DEATH		(Month) April		(Day) 9		(Year) 51	
5. SEX		6. COLOR OR RACE Male Negro		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Unknown		8. DATE OF BIRTH Unknown 1890		9. AGE last birthday approx. 60 yrs.		If under 1 year Months		If under 24 hrs Days		If under 24 hrs Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Tanner in sawmill		11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY?									
13. FATHER'S NAME unknown		14. MOTHER'S MAIDEN NAME unknown													
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, give war or dates of service)		16. SOCIAL SECURITY NO. unknown		17. INFORMANT AND ADDRESS H. M. St. Clair, Jr., Cambridge, Md.											

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

2 days.

Immediate cause (a) Pneumonia (type unknown)

493X 109		Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(b)		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Name, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY)		(STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		HOW DID INJURY OCCUR?					

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Deputy Medical Examiner Dorchester county.		14/11/51	
23. BURIAL, CREMATION REMOVAL, (Specify) Burial		DATE THEREON 4-10-51	
		NAME OF CEMETERY OR CREMATORIAL Waugh Cemetery	
		LOCATION (City, town, or county) Cambridge, Maryland	

DATE REC'D BY LOCAL REG. APR. 12, 1951		REGISTRAR'S SIGNATURE John Mace, Jr., M.D.	
		24. FUNERAL DIRECTOR Herbert M. St. Clair, Jr.	
		ADDRESS Cambridge, Maryland	

690307

RECEIVED
APR 12 1955
BUREAU U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3704

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 10

1. PLACE OF DEATH COUNTY Dorchester			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Hurlock			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Academy Avenue			STREET ADDRESS Academy Avenue (If rural, give location)		
3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Emily	(Last) Wright	4. DATE OF DEATH April 9	(Month) (Day) (Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH July 16, 1876	9. AGE last birthday 74 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Caroline County, Maryland	
13. FATHER'S NAME Zacchaeus Connally			12. CITIZEN OF WHAT COUNTRY U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No			16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Orland G. Dean, Hurlock, Maryland	
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
<p>420.1 Immediate cause (a) <i>Coronary occlusion</i> Interval onset and death Instant</p> <p>94a Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</p> <p>94a (c)</p>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)		(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
SIGNATURE <i>John M. Dean</i>			ADDRESS (Degree or title) M.D., Deputy Medical Examiner, Cambridge, Maryland DATE SIGNED 4/9/51		
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF April 12, 1951	NAME OF CEMETERY OR CREMATORIAL Washington Cemetery	LOCATION (City, town, or county) Hurlock, Maryland (State)		
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <i>April 12-51 Charles Hastings</i>		24. FUNERAL DIRECTOR J.J. Frampton and Son, Federalsburg, Md. ADDRESS		

RECEIVED
APR 16 1961
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

3727

1. PLACE OF DEATH COUNTY <u>Baltimore</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>md</u> COUNTY <u>Baltimore</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rhodesdale</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rhodesdale</u> STREET <u>R.F.D.</u> (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>RFD</u>		LENGTH OF STAY (in this place)	
3. NAME OF DECEASED (Type or Print) <u>Robert Young</u>	(First) <u>S</u> (Middle) <u>Young</u>	(Last) <u>Young</u>	4. DATE OF DEATH <u>Jan 30 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>M</u>	8. DATE OF BIRTH <u>Jan 24 1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	9. AGE last birthday yrs. <u>74</u> Months <u>0</u> Days <u>0</u> If under 24 hrs. Hours <u>0</u> Min. <u>0</u>
11. FATHER'S NAME <u>Robert Young</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. MOTHER'S MAIDEN NAME <u>Maud Holley</u>		14. BIRTHPLACE (State or foreign country) <u>marion station</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>138</u>		16. SOCIAL SECURITY NO. <u>- - - - -</u>	
17. INFORMANT AND ADDRESS <u>Hattie Colbs</u>		18. MEDICAL CERTIFICATION <u>Pulmonary TB</u>	
19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause <u>Pulmonary TB</u> (a) Antecedent cause(s) <u>138</u> (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>138</u> (c) INTERVAL BETWEEN ONSET AND DEATH			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) <u>Cambridge</u> (COUNTY) <u>md</u> (STATE) <u>USA</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY	<u>10-16 1950</u>	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u>4-24 1951</u>
22. I hereby certify that I attended the deceased from <u>10-16 1950</u> , to <u>4-24 1951</u> , that I last saw the deceased alive on <u>4-24 1951</u> , and that death occurred at <u>6 a.m.</u> m., from the causes and on the date stated above. SIGNATURE <u>Robert Young</u> (Degree or title) <u>ADDRESS</u> <u>732 Colby St</u> DATE SIGNED <u>3-1-51</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF/951 <u>May 3 1951</u>	NAME OF CEMETERY OR CREMATORIAL <u>Bethel Cemetery</u>	LOCATION (City, town, or county) <u>Cambridge</u> (State) <u>md</u>
DATE REC'D BY LOCAL REG. <u>May 8, 1951</u>	REGISTRAR'S SIGNATURE <u>John Mac. J. M. S.</u>	FUNERAL DIRECTOR <u>Sewell & Bayneum</u>	ADDRESS <u>970 KVV</u>

RECEIVED

MAY 10 1951

BUREAU V. S.